

BRP CODE: **A**\_\_\_\_\_

LETTER: \_\_\_\_\_

DATE: \_\_\_\_\_

## **BRP REFERRAL LETTER** \_\_\_\_\_

Company Name

Employee's Name: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Income: \_\_\_\_\_

Employee's Department & Phone Number: \_\_\_\_\_

Employee's Immediate Supervisor & Phone Number: \_\_\_\_\_

Date Employee Started Work at Your Company: \_\_\_\_\_

## **TRAVEL INFORMATION**

U.S. Destination: \_\_\_\_\_

Estimated Departure Date: \_\_\_\_\_

Estimated Return Date: \_\_\_\_\_

Purpose Of Trip: \_\_\_\_\_

Name of Family Members Applying	Relationship

By signing below I certify that the above-mentioned person is an employee in good standing and that the information provided on the application form (DS-156/157) is complete and accurate. I understand that if discrepancies are found the company may be suspended from the Business Referral Program

\_\_\_\_\_  
Signature and Seal of Authorized Signer

\_\_\_\_\_  
Printed Name and Title of Authorized Signer